

See reverse side for Instructions.
Please type or print clearly. Press Hard.

57338

CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

1 Manifest Number **015-001839**

GENERATOR (Generator Must Complete)

2 Name **ALUMINUM CO. OF AMERICA OPERATIVE INC**
EPA NO. **CAD0074126651** EPA NO. **CA0050012024**
Address **5151 BLUCCA BLVD** Phone No. **555-6411** Address **900 POTERO GRANDE**
City, State, Zip **KERNAN 90055** City, State, Zip **MONTARY PARK**

4 Alternate TSD Facility SFUND RECORDS CTR
999000866

5 U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE				
WASTE				

CONTAINERS NUMBER:
TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS
☒ TANK TRUCK ☐ DUMP TRUCK
☐ OTHER

6 WASTE CATEGORY **#7** 7 EX. HAZ. WASTE PERMIT NO. 8 GENERATING PROCESS **FRAPICATOR**

LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS	CONC. UPPER	RANGE LOWER	UNITS
9 A.			<input type="checkbox"/> % <input type="checkbox"/> ppm.			<input type="checkbox"/> % <input type="checkbox"/> ppm.
B.			<input type="checkbox"/> % <input type="checkbox"/> ppm.			<input type="checkbox"/> % <input type="checkbox"/> ppm.
C.			<input type="checkbox"/> % <input type="checkbox"/> ppm.			<input type="checkbox"/> % <input type="checkbox"/> ppm.
D.			<input type="checkbox"/> % <input type="checkbox"/> ppm.			<input type="checkbox"/> % <input type="checkbox"/> ppm.

10 WASTE PROPERTIES: pH **7** ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen
11 PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other **ALUMINUM OXIDES, WATER**
12 SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

13 **K. Kump**
Signature of Authorized Agent and Title

2-13-81
Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

14 NAME **ASBURY OIL CO.**
EPA NO. **CAD028277036**
ADDRESS **73419 Halldale Avenue** PHONE NO. **(213) 321-1392**
CITY, STATE, ZIP **Gardena, California 90249**

15 PICK-UP DATE **2-13-81**

TIME **1130** ☒ AM ☐ PM

16 **Jahr 2 min**
Signature of Authorized Agent and Title

2-13-81
Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

17 NAME **OPERATIVE INC** 18 QUANTITY (If Measured) **100**
EPA NO. **CA77030012024** 19 STATE FEE (If Any)

PHONE NO.

20 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

22 NAME
EPA NO.

21 HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☒ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify)
☐ Recovery or Reuse ☐ Storage/Transfer

23 **H. H. H.**
Signature of Authorized Agent and Title

2-13-81
Date Accepted

ORIGINAL